



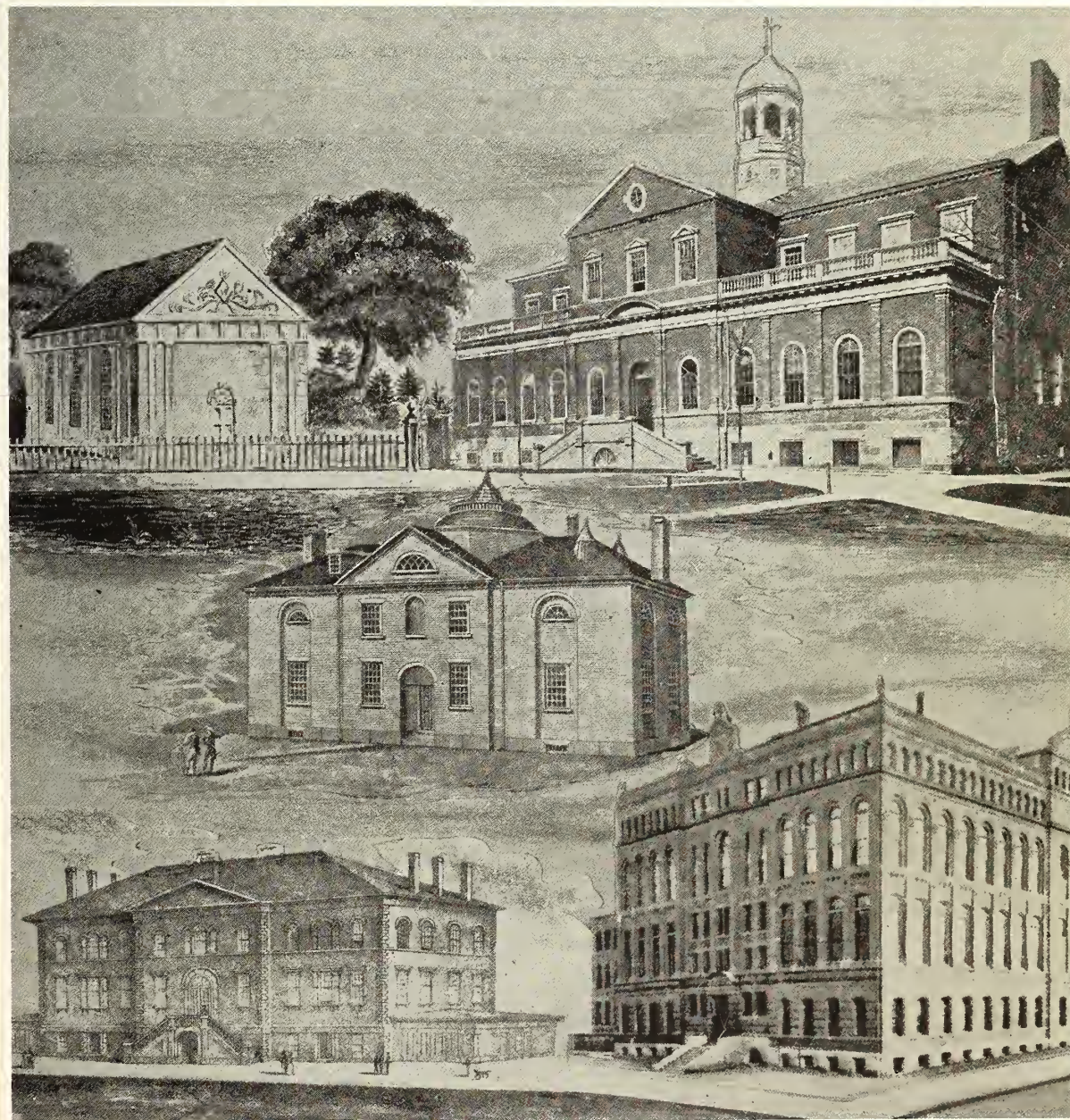




May/June 1971

THE FRANCIS A. LINCOLN  
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1971

# HARVARD MEDICAL ALUMNI bulletin







The negative power of anxiety

This man thinks his next  
quarrel may be his last.

For the hypertensive patient, severe symptoms may be intensified and aggravated by emotional overreaction to stress. Acutely aware of the adverse impact his emotions may have on the course of his life, the hypertensive patient's anxieties may be increased.

Adjunctive use of Libritabs may be of significant value in reducing excessive anxiety, which can induce adverse biochemical and physiological changes related to the vascular system and, by so doing, jeopardize management of the disease itself.

**Libritabs (chlordiazepoxide) is used concomitantly** with certain specific medications of other classes of drugs, such as cardiac glycosides, diuretics and antihypertensive agents, whenever anxiety is a significant component of the clinical profile.

**Libritabs is especially well suited for extended use** because of its wide margin of safety. In general use, the most common side effects reported have been drowsiness, ataxia and confusion, particularly in the elderly and debilitated. (See full prescribing information.) Moreover, the antianxiety benefits of Libritabs are generally maintained without diminution of effect or need for increase in dosage. When treatment is prolonged, periodic blood counts and liver function tests are advisable.

**Libritabs (chlordiazepoxide) permits flexible, individualized therapy** through its three oral dosage strengths.

Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Indicated when anxiety, tension and apprehension are significant components of the clinical profile.

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmaco-

logic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances, syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

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## SEVENTH ANNUAL TOUR PROGRAM—1971

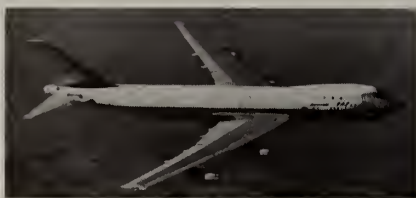
This unique program of tours is offered to alumni of Harvard, Yale, Princeton, M.I.T., Cornell, Columbia, Dartmouth, and the Univ. of Pennsylvania and their families. The tours are based on special reduced air fares which offer savings of hundreds of dollars on air travel. The tour to India, for example, is based on a special fare, available only to groups and only in conjunction with a tour, which is almost \$400 less than the regular air fare. Special rates have also been obtained from hotels and sightseeing companies. Air travel is on regularly scheduled jet flights of major airlines.

The tour program covers four areas where those who might otherwise prefer to travel independently will find it advantageous to travel with a group. The itineraries have been carefully constructed to combine the freedom of individual travel with the convenience and saving of group travel. There is an avoidance of regimentation and an emphasis on leisure time, while a comprehensive program of sightseeing ensures a visit to all major points of interest. Hotel reservations are made as much as a year and a half in advance to ensure the finest in accommodations.

## THE ORIENT

30 DAYS \$1739

1971 marks the seventh consecutive year of operation for this outstanding tour, which offers the greatest attractions of the Orient at a sensible and realistic pace. Twelve days are devoted to the beauty of JAPAN, visiting the ancient "classical" city of KYOTO, the lovely FUJI-HAKONE NATIONAL PARK, and the modern capital of TOKYO, with excursions to Japan's first capital at NARA, the magnificent medieval shrine at NIKKO, and the giant Daibutsu at KAMAKURA. Also to be seen are BANGKOK, with its glittering temples and palaces; the fabled island of BALI, considered one of the most beautiful spots on earth; the mountain-circled port of HONG KONG, with its free port shopping; and the cosmopolitan metropolis of SINGAPORE, known as the "cross-roads of the East." A complete program of sightseeing will include all major points of interest, as well as various special features. Tour dates have been chosen to include outstanding seasonal attractions in Japan, such as the spring cherry blossoms, the beautiful autumn leaves, and some of the greatest annual festivals in the Far East. Limited stopovers may be made in HONOLULU and the WEST COAST at no additional air fare. Total cost is \$1739 from California, \$1923 from Chicago, and \$1997 from New York, with special rates from other cities. Departures in March, April, June, July, September and October 1971.



## MOGHUL ADVENTURE

29 DAYS \$1649

An unusual opportunity to view the outstanding attractions of India and the splendors of ancient Persia, together with the once-forbidden mountain kingdom of Nepal. Here is truly an exciting adventure: India's ancient monuments in DELHI; the fabled beauty of KASHMIR amid the snow-clad Himalayas; the holy city of BANARAS on the sacred River Ganges; the exotic temples of KHAJURAHO; renowned AGRA, with the Taj Mahal and other celebrated monuments of the Moghul period such as the Agra Fort and the fabulous deserted city of Fatehpur Sikri; the walled "pink city" of JAIPUR, with an elephant ride at the Amber Fort; the unique and beautiful "lake city" of UDAIPUR; a thrilling flight into the Himalayas to KATHMANDU, capital of NEPAL, where ancient palaces and temples abound in a land still relatively untouched by modern civilization. In PERSIA (Iran), the visit will include the great 5th century B.C. capital of Darius and Xerxes at PERSEPOLIS; the fabled Persian Renaissance city of ISFAHAN, with its palaces, gardens, bazaar and famous tiled mosques; and the modern capital of TEHERAN. Outstanding accommodations include hotels that once were palaces of Maharajas. Total cost is \$1649 from New York. Departures in January, February, August, October and November 1971.

## AEGEAN ADVENTURE

22 DAYS \$1299

This original itinerary explores in depth the magnificent scenic, cultural and historic attractions of Greece, the Aegean, and Asia Minor—not only the major cities but also the less accessible sites of ancient cities which have figured so prominently in the history of western civilization, complemented by a luxurious cruise to the beautiful islands of the Aegean Sea. Rarely has such an exciting collection of names and places been assembled in a single itinerary—the classical city of ATHENS; the Byzantine and Ottoman splendor of ISTANBUL; the site of the oracle at DELPHI; the sanctuary and stadium at OLYMPIA, where the Olympic Games were first begun; the palace of Agamemnon at MYCENAE; the ruins of ancient TROY; the citadel of PERGAMUM; the marble city of EPHEBUS; the ruins of SARDIS in Lydia, where the royal mint of the wealthy Croesus has recently been unearthed; as well as CORINTH,

EPIDAUROS, IZMIR (Smyrna) the BOSPORUS and DARDENELLES. The cruise through the beautiful waters of the Aegean will visit such famous islands as CRETE with the Palace of Knossos; RHODES, noted for its great Crusader castles; the windmills of picturesque MYKONOS; the sacred island of DELOS; and the charming islands of PATMOS and HYDRA. Total cost is \$1299 from New York. Departures in April, May, July, August, September and October, 1971.

## EAST AFRICA

22 DAYS \$1649

A luxury "safari" to the great national parks and game reserves of Uganda, Kenya and Tanzania. These offer a unique combination of magnificent wildlife and breathtaking natural scenery: a launch trip on the White Nile through hippo and crocodile to the base of the thundering Murchison Falls and great herds of elephant in MURCHISON FALLS NATIONAL PARK; multitudes of lion and other plains game in the famous SERENGETI PLAINS and the MASAI-MARA RESERVE; the spectacular concentration of animal life in the NGORONGORO CRATER; tree-climbing lions around the shores of LAKE MANYARA; the AMBOSELI RESERVE, where big game can be photographed against the towering backdrop of snow-clad Mt. Kilimanjaro; and the majestic wilds of TSAVO PARK, famous for elephant and lion. Also included are a cruise on famed LAKE VICTORIA, visits to the fascinating capital cities of NAIROBI and KAMPALA, and a stay at a luxurious beach resort on the beautiful Indian Ocean at historic MOMBASA, with its colorful Arab quarter and great 16th century Portuguese fort, together with an optional excursion to the exotic "spice island" of ZANZIBAR. Tour dates have been chosen for dry seasons, when game viewing is at its best. The altitude in most areas provides an unusually stimulating climate, with bright days and crisp evenings (frequently around a crackling log fire). Accommodations range from luxury hotels in modern cities to surprisingly comfortable lodges in the national parks, most equipped even with swimming pools. Total cost from New York is \$1649. Departures in January, February, March, July, August, September and October 1971.

Rates include Jet Air, Deluxe Hotels, Meals, Sightseeing, Transfers, Tips and Taxes. Individual brochures on each tour are available.

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COVER: The picture shows the various buildings occupied by HMS since its founding in 1782: upper right, Harvard Hall (1782); upper left, Holden Chapel (1783); center, Mason Street (1816); lower left, North Grove Street (1847); lower right, Boylston Street (1883). Holden Chapel and Harvard Hall still stand in the Yard in Cambridge. The other three show the succession of buildings used in Boston when it became obvious that clinical facilities for teaching in Cambridge were inadequate.

### TRENDS IN MEDICAL EDUCATION

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*The opinions of contributors to the Bulletin do not  
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DOROTHY A. MURPHY  
*Associate Director*



IN view of the deplorable shortcomings observed by Charles William Eliot when he taught that first course in chemistry at the old Harvard Medical School on North Grove Street, I shall try to reveal the causative factors, through an exploration of the preceding years, not only from the Medical School founding in 1782, but even before. Interest in medicine from the very beginning of the Harvard College has been significant. In commenting on the establishment of the Medical School, Morison observed that "this step, anticipated as far back as President Dunster's day, was long overdue."<sup>1</sup>

Definite evidence of that interest was revealed at Harvard's first commencement in 1642, when three members of the graduating class chose medical careers; Samuel Bellingham and Henry Saltonstall went abroad to obtain M.D. degrees at Leyden and Oxford respectively, and John Wilson became a pastor, school master, and physician.\* Hence the earliest degrees at Harvard were considered not only fully adequate for *pre-medical* preparation, but with some experience under a practitioner-preceptor, were sufficient for the practice of medicine as well! According to Garrison, "The practice of physic was often combined with the preaching of the gospel."<sup>2</sup> This was especially true at Harvard where its primary objective was to educate Puritan ministers.

By 1650, when Harvard's charter was obtained, President Dunster was already concerned about a "brain drain" of Harvard graduates. He called to the attention of the General Court the need of influencing his graduates to remain in America since "of the twenty who graduated prior to 1646, eleven emigrated to England and remained there permanently." Bellingham and Saltonstall were among the number.

Leonard Hoar, Harvard A.B. 1650, and A.M. 1653, and Cambridge University M.D. 1671, did return to become the third president of his alma mater in 1672. While studying medicine and botany, he became associated with "the group

of experimental philosophers who were organizing the Royal Society and by a royal mandate obtained through his friend, Dr. Robert Morison, botanist and physician to Charles II, was created M.D."<sup>3</sup> Hoar was strongly influenced by Robert Boyle in studies of physics and theology. At Harvard he enthusiastically proposed "to establish a chemical laboratory, a botanic garden and a mechanical workshop."<sup>4</sup> Had he succeeded, according to Morison, he would have been the first to intro-

of Harvard, John was "on the job" trained to assist his father without being ordained. He "practiced medicine on his parishioners [with Hubbard] without having had medical training."<sup>4</sup> Rogers accepted the presidency with reluctance in 1682 and died after having served only two years; he was succeeded by Increase Mather. Over those years of the 17th century, the college records reveal that, "medicine was in good repute but there were not a dozen communities in New England where a phy-

TABLE I					
Harvard Alumni of Classes 1642-1700					
	1642-1658	1659-1677	1678-1689	1690-1700	Total
Clergymen	76	62	42	86	266
Physicians	12	11	14	8	35

duce the new experimental science, and perhaps fulfilled President Dunster's hopes of introducing medical studies. Unfortunately, as some presidents today, he encountered campus opposition. Such turmoil arose that he was forced to resign in despair after only three years in office. He died a few months later.

His successor and bitter rival, Urian Oakes, classical scholar and gifted orator, included an interesting medical reference in his commencement address of 1677. He attacked those who despised all academic training for theology and added "it's no better in medicine. Not only young women medicasters (herb doctors), but all manner of mechanics and workmen rush into this most worthy profession . . ."<sup>4</sup>

Oakes was followed by another figure with medical associations, John Rogers, who had graduated from Harvard College in 1649. As the son of Nathaniel Rogers, pastor at Ipswich, and brother-in-law of William Hubbard, a 1642 graduate

sician could earn a living."<sup>4</sup> The distribution of professional opportunities up to 1700 is illustrated in Table I.

From 1670 to 1770 little of note was recorded in medical progress. According to Garrison, "before 1769, the term 'doctor' was not even employed in the Colonies."<sup>2</sup>

**A**FTER the death of President Langdon, the Reverend Joseph Wil-

\* There is some question about this reference of Harrington's (from *The Harvard Medical School*, Vol. 1, p. 20) in a quote from Morison's *The Founding of Harvard College* (p. 143) which reads: "Bellingham's 'M.D. Lugd' has been dropped from the Catalogue of Harvard graduates, since Dr. Plooij was unable to find any record of it at Leyden. Saltonstall proceeded to Padua for his medical degree."



by JEAN A. CURRAN '21

lard was installed as his successor with elaborate ceremonies on December 27, 1781 in the presence of the governor, faculty, and students. It was during his regime that the Medical School at last came into being. On May 16, 1782, the President and Fellows set up a committee "to take up the subject at large and make a report to this Board . . ." on the establishment of medical professorships for a medical college. This step must have been especially gratifying to President Willard, since he

had been frustrated at the age of 21 in his ambition to study medicine and had entered the ministry instead. Nevertheless he retained a deep interest in science and by 1780 became the first corresponding secretary of the newly formed American Academy of Arts and Sciences. That same year, auspiciously for the new President, the Massachusetts State Constitution went into effect October 25 and officially recognized Harvard as a university.

Obviously, President Willard was

aware of his good fortune in having at hand qualified candidates to fill the proposed professorships. Among them were John Warren, A.B. 1771; Aaron Dexter, A.B. 1776; and Benjamin Waterhouse. Warren, even during his college days, formed with other students an anatomical society for the ". . . secret dissection of cats and dogs."<sup>1</sup> Through preceptorship to his older brother, Joseph, who gave his life at Bunker Hill, and experience as a military surgeon during the Revolution, Warren became a recognized leader, and participated in the organization and establishment of the Massachusetts Medical Society in 1780. That same year, while stationed in Boston with the Continental Army, he gave a series of demonstration lectures on anatomy. These lectures won him the favorable notice of the Harvard authorities, as one to be consulted in plans for what was to be called the "Medical Institution of Harvard University."<sup>7</sup>

Dexter, like Warren, was a homebred physician who had studied chemistry under a preceptor, Samuel Danforth, Harvard A.B. 1758, a practicing chemist, and physician in Boston.

In contrast, Waterhouse had all of his collegiate experience abroad; first in London under the sponsorship of the influential Dr. John Fothergill, and then successively at Edinburgh and Leyden Universities for a total period of seven years. His attainment of an M.D. degree in 1781, made him by far the best educated, as well as the most contentious member of the new faculty.

On September 19, 1782, the organizing committee, composed of President Willard as chairman and Professor Wigglesworth, submitted an elaborate report of twenty sections, beginning appropriately with the recommendation that "the Library of the University be enriched with collections of the most approved authors, in anatomy, surgery, phisic, chymistry (sic), etc., a collection more perfect than any in America . . . [plus] a complete anatomical and chymical apparatus,

TABLE II  
Presidents of Harvard University, 1640-1780

Henry Dunster	1640-1654	Increase Mather	1685-1701
Charles Chauncy*	1654-1672	John Leverett*	1708-1724
Leonard Hoar	1672-1675	Benjamin Wadsworth*	1725-1737
Urian Oakes	1675-1681	Edward Holyoke*	1737-1769
John Rogers	1682-1683	Samuel Locke	1770-1773
		Samuel Langdon*	1774-1780

\*Died in office

**Harvard Hall: the first lectures were given in the basement of this building in 1782.**





a set of anatomical preparations, with a proper theatre . . . for dissection and chymical operations.”<sup>6</sup>

An astonishingly comprehensive curriculum was visualized. Included were a demonstration of human anatomy on recent subjects if they could be secured (executed criminals and suicides), physiological explanations of the function of parts of the body, and a presentation of a complete system of surgical operations. The students were to be taught the theory and practice of physick, with supervised private studies, and by a professor “. . . taking with them

anatomy and surgery was begun by John Warren in the basement of Harvard Hall in November 1782. However, Warren and Waterhouse were not formally inducted professors of anatomy and surgery, and theory and practice of physick, respectively, until July 16, 1783. Dexter was inducted three months later.

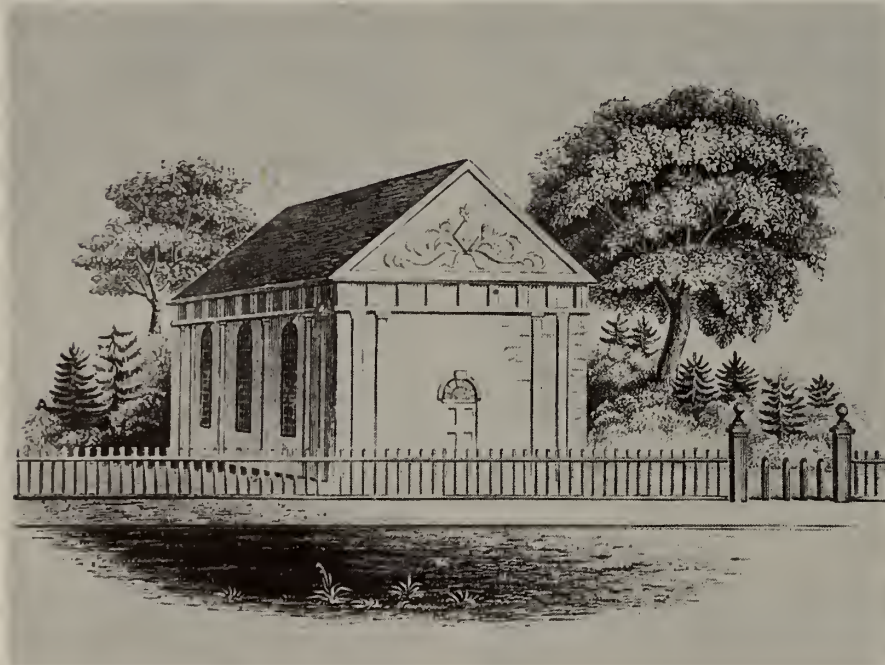
Recognizing the lack of clinical facilities in Cambridge, Mr. Willard, in the name of the Corporation, petitioned the General Court to establish an infirmary in Cambridge to care for the paupers. The College

acceptable dissertation in Latin or English, and success in a final examination “. . . in the presence of the Governors of the University, members of the Massachusetts Medical Society and others invited by the Professors.”<sup>6</sup> The value of further practical experience was recognized by a ruling that practitioners of seven years standing, with Bachelor of Physick degrees, were eligible to receive the M.D. after passing a suitable examination and submission of an acceptable thesis.

In 1791, a most heartening vote of confidence in the infant project came with the school’s first endowment, a bequest made by Ezekiel and Sarah Derby Hersey that totaled 2000 pounds. Income was equally divided between the Hersey Professorships in Anatomy and Surgery, and Theory and Practice of Physick.

Classes were soon transferred to historic Holden Chapel which had been relegated to a lumber room during the Revolution. Later, to provide quarters for the growing faculty needs in 1809, partitions were designed and erected under the personal direction of President Samuel Webber, who had succeeded President Willard in 1806. Although the Medical School was to begin its

#### Benjamin Waterhouse



#### Holden Chapel: occupied from 1783-1810.

such as are qualified to visit their patients, making proper observations on the nature of their diseases, the peculiar circumstances attending them, and methods of cure.”<sup>6</sup> They were to have lectures on materia medica and the theory of chemistry by performing actual experiments. Even pre-medical qualifications were visualized. Undergraduates were “not to be admitted till they are of two years standing in the University.”<sup>6</sup>

**A**LL twenty recommendations were unanimously approved by the Corporation and the first course in

Records read that “the generally invalidated [were] . . . to be placed under the care of the Medical Professors, so that they could demonstrate these cases to their students, “. . . as was already being done at the Alms House in Philadelphia, and at no additional expense.”<sup>6</sup> Unfortunately, this first move to set up a “university hospital” under academic control came to nothing either then or later.

In 1784, the curriculum requirements for a Bachelor of Physick degree were adopted by the President and Fellows. The requirements were two courses of four months each, three years of apprenticeship under a reputable medical practitioner, an



move to Boston in 1810, classes were continued at Holden Chapel for some time beyond that date.

Instead of the popular impression that classes were abruptly transferred to Boston, the Corporation records reveal that it was a gradual process that took place under continued academic Corporate supervision and financial control. As a first step, John Lowell, one of the Fellows, was asked to meet with a "... Committee of the Board of Overseers of the Poor at the Town of Boston to arrange [for] the delivery of Clinical Lectures in Medicine at the Alms House in Boston ..."

At this momentous juncture, President Webber died suddenly on July 17, 1810 and was succeeded by John T. Kirkland. Fortunately the progress of events was not interrupted. Although the Corporation was bedevilled by a faculty imbroglio instigated by Dr. Waterhouse, the only faculty member who had his practice in Cambridge and who bitterly resented the move to Boston, the Corporation continued imperturbably on its course to give the School the clinical advantages it so urgently required. To ensure adequate exploitation of these opportunities, James Jackson who had obtained extensive medical training in London, after receiving his A.B., M.B. and his M.D., all at Harvard, was recommended for a new title, professor of clinical medicine. On October 1, 1810, Kirkland and Jackson were approved by the Corporation and Overseers as President and clinical professor respectively, and then inducted together. When Kirkland introduced Jackson in glowing terms, the Corporation minutes tersely recorded, "Dr. Jackson made a short speech in reply and sat down."

Kirkland's expectations were fully realized when Jackson succeeded the embattled Waterhouse as Hersey Professor in 1812, and then later became the first physician to the Massachusetts General Hospital when it opened in 1821.



**John Warren**

bers, four of whom were "promeritis," and another four of whom had M.B.S. degrees, were given the M.D. degree. This was in accordance with an action by the President and Fellows the previous March 11, "that the Degree of Doctor of Medicine shall in the future be conferred on the same terms as those which the Bachelor of Medicine has heretofore been conferred, and to be retroactive ..."

**The Massachusetts Medical College, Mason Street.**



FOR the first six years in Boston, the School was located in quite inadequate quarters at 49 Marlborough Street (now 400 Washington near the present Filene's store). By the end of 1813 the medical faculty composed of John Warren, Dexter, Jackson, John C. Warren and John Gorham, were able to report to the Corporation that there were four successful lecture courses with the "... permanence and superiority of the Boston setting." They appealed for the construction of a new building "... which would not be very expensive."

In those days of Puritan theocracy, it was natural to look upon a medical school especially, as a *state* as well as a private enterprise. Consequently President Kirkland and his Fellows, without hesitation, appealed to the Honorable House of Representatives in General Court for a grant of \$20,000 for the new building. It was granted. Inexpensive indeed! In view of State participation, a new name was adopted — Massachusetts Medical School. Its first real home at 49 Mason Street was a two-story structure, with a peaked dome and skylight; inside



was a lecture theatre and dissecting room and space for chemical apparatus and botany studies.<sup>9</sup> It was occupied in 1814. Financing was partially from Harvard's \$10,000 share of a Legislative appropriation given annually for ten years to three medical schools. The other two were Bowdoin (Maine still being a part of Massachusetts) and Williams (Berkshire Medical).

On April 5, 1815, President Kirkland sadly reported the death of Dr. John Warren. The Reverend and Honorable Overseers attended a memorial service where Dr. James Jackson gave the eulogy. Carrying on the illustrious Warren tradition was John Collins Warren who succeeded his father as Hersey Professor.

Morison has most appropriately styled the 18 years Kirkland was in office, and the 16 years (1810-1845) of Josiah Quincy's term, as "The Augustan Age," due principally to Kirkland's distinguished leadership. Morison characterized him as "... one of the most remarkable presidents that Harvard ever had, and the best beloved; and until the age of Eliot every successive regime was referred to his standard."<sup>1</sup> Although the great tradition continued under Quincy, his administration suffered from his personal unpopularity and student unrest in "the Yard." However, the Massachusetts Medical School, somewhat isolated in Boston, was struggling with competition, especially the Tremont Medical School, and was tending to develop an independent life of its own, in order to survive.

Kirkland, well into his presidential career, in 1818 attempted reform in the curriculum by making the curious suggestion that medical jurisprudence be added to the course in midwifery. That autumn Jackson pioneered in the delivery of a number of lectures on public health to the two upper classes, at Harvard College, with Corporation approval. The Medical School's growing prestige attracted graduates from other New England colleges. Of the thirteen to receive M.D. degrees in

1821, two each came from Yale and Williams with A.M. qualifications. The small class of only five which "commenced" in 1824 was noted for receiving degrees from President Kirkland in the presence of the Marquis de Lafayette.

That year Kirkland said to the medical professors that "... for the future ..." their fees would be regulated by the Corporation, and noted that "... when the Medical Institution was extended to Boston the Professors were still required to give suitable lectures at Cambridge, without fees."<sup>6</sup> To compensate for the loss of income the Corporation allocated a grant of \$1,700 to be

age; attended two courses of lectures by each of the professors; spent three years ... in professional studies under the direction of a regular practitioner of medicine, prepare a 'thesis,' and if lacking a university education, have attained an adequate knowledge of Latin and 'Experimental Philosophy.'"<sup>6</sup>

It was now increasingly obvious that the Mason Street building failed to meet the School's growing needs. There were frequent appeals to the Corporation for funds needed to repair a deteriorating edifice. The advantages to be gained by a move



**North Grove Street Building: built on land given by Dr. George Parkman, and adjoining the MGH (1847-1883).**

divided among those involved.

During President Quincy's regime a decline in the prestige of the Medical School was evidenced by small graduating classes: 27 in 1832 and only 19 in 1836. Again in an effort to give more university direction and support, President Quincy and Fellows instituted a reaffirmation of the statutes governing the School, stating that the faculty was to consist of the "... President and Professors and Lecturers ..." and that the dean was to be elected by the faculty.

It was further stipulated that there be "holden" by the faculty four stated meetings a year to examine candidates for the M.D., who must have reached twenty-one-years of

to a location near the Massachusetts General Hospital were all too apparent, and the Corporation was haunted by fears of the Medical School being supplanted by a competitor. In 1841 when the medical faculty urged the erection of a new center, they were encouraged by an offer of liberal support from Dr. George Parkman, Harvard College graduate in 1809, who was a wealthy and philanthropic Bostonian.

Matters came to a head the following year when President Edward Everett was inaugurated. The Corporation authorized the treasurer to sell the Mason Street estate and use the proceeds to erect a new building at "... the end of North Grove Street, on land presented by Dr.



Parkman.”<sup>6</sup> An additional \$5,000 was authorized for the construction; but the money was a loan to the faculty to be repaid at the rate of six percent per annum. As a further condition, the purchaser of the Mason Street property had to promise that it would not be used by another medical school or for medical lectures.

The much more commodious, two story and full basement brick structure at the new location with the MGH closely adjacent, must have been a source of great satisfaction to the Corporation, Overseers, faculty, and students. An age of renaissance lay ahead.

At a special meeting on February 3, 1847, President Everett and the Corporation decided upon the re-orientation of certain departments. The resignation of Dr. John Collins Warren after his noteworthy career of 40 years, teaching both anatomy and operative surgery, allowed for the overdue decision of dividing these responsibilities. Dr. George Hayward, who had been teaching clinical surgery, became Hersey Professor of Surgery; and Dr. Oliver Wendell Holmes was made dean and Parkman Professor of Anatomy and Physiology. Dr. Jeffries Wyman was appointed the Hersey Professor of Anatomy, with instructions to conduct his classes in Cambridge. Pathological anatomy was initiated by Dr. John Barnard Swett Jackson, professor and curator of the Warren Anatomical Museum, founded that year through an endowment by George Cheyne Shattuck. Both Holmes and Jackson had had rich experiences in European medical centers and gave brilliant promise for the School’s growth in the sciences basic to clinical medicine, including the introduction of microscopy into anatomy and pathology. But these bright hopes were not to be realized.

The 23 years from 1847 to 1870 on North Grove Street which were to offer so much, were instead marked with little progress toward fulfilling Harvard’s expectations of attaining a premier place in American med-



**Oliver Wendell Holmes**



**Jeffries Wyman**

ical education. Toward the end of those years there was even a decline!

**A**FTER an interval of more than a century it is presumptuous to try to judge the shortcomings of the great figures of that period. Nonetheless, the presidential selections over those years were indeed unfortunate. Professor Jared Sparks, who was chosen to succeed President Everett on February 1, 1849, was at first hailed as a leader who would bring about another Augustan age; but he was never happy in the position and



**John Barnard Swett Jackson**



**George Cheyne Shattuck**

was glad to resign three years later without significant accomplishments. There was one extraordinary event: the conviction of one of the Medical School professors of the crime of murder. Curiously, the Corporation minutes make only a one-sentence reference to this sensation of the century in Boston. “President Sparks read a letter of resignation from Professor Webster, Erving Professor of Chemistry,”<sup>6</sup> which was promptly accepted on July 10, 1850 with no recorded discussion. Subsequently, the unfortunate pro-



fessor was hanged in the courtyard of the Leverett Street jail on August 30, for killing Dr. George Parkman, the philanthropist, during a violent quarrel over an unpaid debt.\*

President James Walker who took office February 10, 1853, was "... a good man and fair scholar who proved a presidential failure ... one of those wise persons, not uncommon in academic circles, who cannot get things done."<sup>1</sup>

Illustrative of financial stringencies impeding progress, President Walker and the Fellows in 1855 authorized a loan of \$2,000 for repairs of the Medical School building, but stipulated that it must be repaid by the faculty at five-percent interest.<sup>6</sup>

In the fateful year 1856 when Charles W. Eliot, a substitute chemistry instructor, who so shocked by the inadequate curriculum and quality of the medical students, the only action taken by the Corporation was the arrangement of a second examination date for the medical degree before the July 11 commencement. Undoubtedly, Eliot made a report of his findings, because the following year, President Walker established a university professorship in chemistry at the Medical School. In 1858, two "summer courses" for recitation and practical clinical experience, to convene between the four month "winter courses" of set lectures, were formally approved by the President and Fellows, but with the stipulation that there was to be no increase in pecuniary charges. Even at that late date, Walker emphasized that "... it was never intended to separate from Cambridge everything pertaining to medical education ... [and] instruction in comparative anatomy, physiology and chemistry as it now given in Cambridge ... as a part of a large and liberal education has a strong tendency to turn minds toward the medical profession."<sup>6</sup>

The university administration's ambivalence toward the role of the Medical School, the Corporation's tight rein on finances, and the lack of adequate vision and leadership

in the medical faculty were major deterrents in Medical School growth. Mediocrity of educational standards and concepts had its roots in the persistence of a peculiarly American version of "colonialism" in medical training. America continued to have second-class medical standing long after political independence in 1776. The School's concept of responsibility was to turn out *practical* doctors trained for participation in general practice. Those desiring additional special training could obtain it in one of the European university centers, since such resources were unavailable in the United States. Harvard Medical School had only limited endowment funds for special training; the ma-

the establishment of the prestigious Jackson Professorship of Clinical Medicine, located within the Massachusetts General Hospital, with the hearty approval on April 30, 1859, of President Walker and the Fellows and Overseers. For the most part, however, Walker and his scholarly successor, Cornelius Felton (of the State Board of Education and Smithsonian Institute) concentrated their efforts on Harvard in Cambridge, and left the Medical School a "tub to rest on its own bottom."

The Reverend Thomas Hill, Harvard A.B. 1843, a mathematician and naturalist, and past president of Antioch College for three years, succeeded Felton in 1862 with excellent concepts and high hopes of

#### Presidents of Harvard University, 1781-1869

Joseph Willard*	Dec. 19, 1781	. . . .	Sept. 25, 1804
Samuel Webber*	May 6, 1806	. . . .	July 17, 1810
John Thornton Kirkland	Nov. 14, 1810	. . . .	April 2, 1828
Josiah Quincy	Jan. 29, 1829	. . . .	August 27, 1845
Edward Everett	Feb. 5, 1846	. . . .	Feb. 1, 1849
Jared Sparks	Feb. 1, 1849	. . . .	Feb. 10, 1853
James Walker	Feb. 10, 1853	. . . .	Jan. 26, 1860
Cornelius C. Felton*	Feb. 16, 1860	. . . .	Feb. 26, 1862
Thomas Hill	Oct. 6, 1862	. . . .	Sept. 30, 1868

#### Acting Presidents

Edward Wigglesworth	Sept. 1, 1780	. . . .	Dec. 19, 1781
Samuel Willard	Sept. 6, 1701	. . . .	Aug. 14, 1707
James Walker	Aug. 25, 1845	. . . .	Feb. 5, 1846
Andrew P. Peabody	Feb. 28, 1862	. . . .	Nov. 29, 1862
Andrew P. Peabody	Sept. 30, 1868	. . . .	June 30, 1869

\* Died in office

jority of support came from tuition fees, paid to the professors in the form of tickets at the lectures. It was this and other traditional attitudes and forms, so cherished at Harvard and other American medical institutions, that impeded progress. Charles W. Eliot and Phillips Brooks considered the years 1853 to 1855, those of their own graduations, representative of the lowest academic ebb.

An event of far-reaching consequence to the Medical School was

how to make Harvard the university it should be, including a strengthened Medical School. He accomplished disappointingly little. Strangely

\* Even today this ghastly episode remains one of fascinated interest. The late Dr. Howard B. Sprague made it a subject of special historical research. In the Cambridge Historical Society's, *Proceedings for the Years 1967-1969*, Volume 41, Robert Sullivan has a chapter, pages 55-88, entitled, "The Murder Trial of Dr. Webster, Boston, 1850.



enough, the appointment of Walcott Gibbs to the Rumford Professorship as opposed to Eliot had the happiest consequences for the University. It caused Eliot to resign from the faculty and engage in graduate studies in England, France and Germany; and thereby, gave him the orientation in the latest academic and administrative advances that would pave the way for his epoch-making career at Harvard.

Feminine hopes cropped up for President Hill's consideration in March 1866 when the Misses Sewell and Tyng applied for admission for medical study but were firmly repelled with the sweeping pronouncement that "... no provision now exists for the education of women in any department of the University."<sup>6</sup>

It is fascinating to discover that it was not until March 28, 1868, at a Corporation meeting in Boston, shortly before Mr. Hill's retirement, that he and the Fellows approved amending the Medical School statutes, as recommended by the execu-

tive faculty, to allow medical candidates to fail four out of nine final examinations and still be awarded the medical degree. Student enrollments had nearly doubled toward the end of the Civil War, with inevitable lowering of admission standards. According to Harrington there were 306 students crowded into the quarters in 1869 for the winter and summer courses, but only 77 achieved the M.D. degree, in spite of the lenient examination system.

These low standards of both admission and graduation and academic achievement were the challenges for reform faced by President Eliot when he took office in 1869. Unlike his predecessors, he clearly understood what was required and over the 40 years to follow, strove unceasingly toward the goal of excellence in medical teaching, research and high quality of basic sciences applied to clinical performance.\*

In the words of former President Conant, those "... years since [El-

iot's presidency] may be regarded as years of consolidation, — one might say consolidation of positions gained, and periodic reappraisal and readjustment to new conditions."<sup>10</sup> This more recent time span requires future consideration and review.

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\* See March-April issue of *Bulletin* for detailed account.

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## Boylston Street Building (1883-1906)



# COMMUNITY FOCUS AT McLEAN Hospital

by FRANCIS de MARNEFFE, M.D., DIRECTOR

**Q**UESTIONS of the era are being asked over and over again, by people throughout the land, in different ways, in different tones, but always the same questions: "Are we keeping up with Society's changes?" "Are we meeting people's needs?" "Are our institutions worthwhile?" "What is good?" "What is bad?" "What should stay?" "What should go?" Everyone has heard the voices; everyone has seen the action. Everyone has been touched and moved; everyone has examined his own ideas, surroundings, and institutions. McLean is no exception.

But while upheaval has pained this nation only in more recent years, important fundamental changes have been evolving at McLean for the past decade and a half. This hospital, which once stood isolated by public uneasiness and geographic location, has developed a new stance, a new outlook, a broader mission of service to the community. Strangely enough, one could say that we have come full circle. Broad service is not a new facet of McLean's relation to the community. Such a concept in fact was behind the opening of the hospital more than 160 years ago.

Three men, Reverend John Bartlett, Chaplain of the Almshouse in Boston, Dr. John C. Warren, and Dr. James Jackson were the forces behind the incorporation of the Massachusetts General Hospital in 1811. Because they were disturbed over the lack of care for the mentally ill, who were then housed in the basement of the Almshouse with straw on the floor and a shelf for a bed, they felt that an asylum should be established as part of the MGH.

It was the third mental hospital in the United States and the first in New England. For more than 20

years after the first patient admission in 1818, the McLean Asylum, as it was then called, was the only institution serving the needs of the mentally ill in New England. It was first located in Somerville, across the river from the MGH, where it remained until 1895 when it moved to its present location in Belmont.

In 1833, the first state mental hospital was opened in Worcester and other mental hospitals soon followed. This profoundly affected the role of the McLean Asylum in the community.

Even though originally the expectation was that McLean would take care of all mentally ill, rich and poor alike, the overwhelming needs of the community proved far too much for it and the few other private hospitals to handle.

As the state assumed increasing responsibility for treating patients, institutions such as McLean concentrated on offering high quality individual care to patients who could pay for private treatment.

## EARLY INFLUENCES

The institution developed on a three-fold base. With patient care the primary mission of the hospital, came the concepts of research and teaching. As new treatment programs evolved they were taught to professionals starting in this field, and new areas of research opened. The interplay of these three forces brought about profound changes during the last part of the 19th century.

For example, because of the need to equip nurses with specialized knowledge for treating the mentally ill, McLean developed the first school of nursing in a mental hos-

pital in the world. Later, recognizing that male nurses were also needed, McLean opened the doors of its nursing school to men. It was also the first mental hospital in this country to establish laboratories of psychology, neurophysiology, and chemistry. (Harvard, incidentally, recruited Dr. Otto Folin as its first professor of bio-chemistry from the McLean staff in 1907.)

The hospital steered a steady course for the next half a century until a major shift occurred in the middle 1950's when Dr. Alfred H. Stanton became psychiatrist-in-chief. His ideas, coupled with the beginning of drug therapy in 1956, created changes in patient management that have gained momentum over the past 15 years.

## EVOLVING CHANGE

Significant to the position in which McLean finds itself today are four areas of change, three deliberately fostered by the hospital, and one which evolved more or less spontaneously.

The first area of change concerned the treatment of patients. No longer was mental illness viewed as essentially a static and irreversible phenomenon. The work of Freud and others led to a more systematic study of the psychological aspects of psychiatric disturbances which began to be seen as dynamic processes amenable to change. This understanding was in time broadened to include the importance of the relationship of the individual to his family and society. Therapeutic optimism began to appear as continued isolation from the community was clearly undesirable and impossible, both from the standpoint of patient treatment and hospital operation.

The second area of change was a natural evolution from the first. The staff started applying its skills beyond the confines of the hospital, serving many diverse publics in the community itself.

The third area of change soon followed. Many professional and lay groups from the community began



working with the hospital and became an integral part of the McLean community which earlier had numbered only patients, doctors, nurses. Now there is the addition of educators, volunteers, activity therapists, psychologists, social workers, and auxiliary members.

The fourth major area of change concerned the patient population itself. Formerly we treated only adults; now we treat many adolescents. Formerly all patients represented an economic elite; now, through growth of third party payment plans, generated by society itself, and by our deliberate efforts to serve lower income groups, our patients represent a broad economic spectrum.

### McLEAN Today

Thus, each of these areas of change has had its effect on McLean as it is today. Patients with all types of psychiatric disorders are treated at the hospital. Although 70 percent of our patients come from Massachusetts, our clientele is national and international. Because of the growth of insurance programs, the patient population now represents a broad socio-economic group. Last year 88 percent of the admissions were covered by some form of insurance. However, the benefits are still substantially lower than those for physical illness.

Minimum age for admission to McLean has been 13, but our awareness of the critical shortage of treatment facilities for even younger children has again brought about changes at McLean. A month ago construction started on the McLean Children's Center. Phase I of the Center includes an inpatient facility for 40 emotionally disturbed children under 13; day care, outpatient and educational programs. The Center will also engage in research and provide training programs for community mental health personnel working with children.

At the same time, the need for increased services to youth over age 13 became apparent as we watched

our hospital population grow from 5 percent adolescents 15 years ago to 33 percent today. Adapting to this need, McLean, in 1961, pioneered in developing a college preparatory high school on the grounds. Approximately 80 students attend the Arlington School while receiving treatment in the hospital. Many receive their high school diploma here and go on to college; if they remain in the hospital they attend college-level courses offered at the school.

In addition to the inpatient students, a group of 15 adolescents from greater Boston attend the school while being treated in the hospital's outpatient clinic. They do this through an agreement with the State Department of Education which partially reimburses McLean for the costs involved.

The school, first of its kind in a psychiatric hospital, has served as a

model for teachers and school administrators in this and other states. As a result of discussion with the State Department of Youth Services, McLean may become an evaluation center for youths committed to the Department's care.

At the other end of the life scale is the geriatric treatment program which has become of major importance at McLean. Many of the patients are insured through Medicare and take an active part in community programs. With these elderly patients, in fact with all mentally ill patients, it used to be customary to isolate them from the community. Soon they lost all contact with families and friends. Today, every effort is made to encourage continuation of these contacts whenever clinically feasible.

The Day Care Center is another example of the variety of programs



developed for the patient who does not need total hospitalization. In our program at McLean, there are 100 patients who live at home or in foster homes who come to the hospital for a few hours a day or week under the Day Care Program. They participate in several types of programs such as activity therapies, recreation, psychotherapy, and group therapy.

The Outpatient Clinic is operated as a community service for patients over age 13 who cannot afford private psychiatric care. Fees are based on a sliding scale, ranging from 50c to \$18 per week. The clinic averages 15,000 visits per year and at any particular time, about 450 patients are being treated. The majority come from Belmont, Watertown, and Waltham, but there are no geographical restrictions. Many patients are self-referred or referred by social agencies and university health services in the greater Boston area.

The Clinic also offers services to community psychiatrists, other physicians, professionals, institutions, and agencies who seek further evaluation of patients or programs. Treatment is offered during the day and evening and includes individual, marital, family, and group therapy.

Over the years hospital programs which require less than total hospitalization have had the effect of changing the community's traditional view of the mentally ill patient. It is now no longer assumed that all such illness requires incarceration. This understanding has also changed the view of a mental hospital; it is no longer a jail but a place where resocialization can take place.

A recent treatment innovation is the Berkeley House, our halfway house that opened a year ago. Located near the Boston Public Gardens, it provides a transitional residence for 23 former McLean patients who either go to college or work in nearby stores and offices. As space permits, other individuals not connected with McLean will be accepted.

It is important to understand that

for almost every patient admitted to McLean there is a family involved. We attempt to include these families in the treatment program from the start. We have a large Social Work Department that works with families of patients during and after long periods of hospitalization. In several patient units, notably the admission unit, families participate in discussion groups with the staff to help them deal with the impact of a family member's admission to a mental hospital. Many foster homes are used through this department to bridge the gap between hospitalization and discharge.

#### **Staff-Community Programs**

One of the assets any large hospital has to offer the community is a concentration of skilled professionals who can be easily located and asked to help in a variety of community projects. Many projects have developed in the past decade as new opportunities occurred in nearby town and around the state and nation.

Such projects include working with other mental health institutions in our area to provide comprehensive mental health services to the community. McLean has played an active role in developing the Metropolitan-Beaverbrook Community Mental Health Center. Designed to

provide service to the citizens of Belmont, Waltham and Watertown, it is a collaborative effort on the part of McLean, Metropolitan State Hospital, the Beaverbrook Guidance Clinic (an independent corporation located on the grounds of McLean), the Waltham Court Clinic, the Waltham Hospital and the Walter E. Fernald State School for the mentally retarded. Such collaboration of state and private mental health facilities provides a complex challenge.

Several psychiatrists from McLean's staff serve on the Coordinating Committee of the Metropolitan-Beaverbrook Community Mental Health Center and function as consultants to the Department of Mental Health in legal medicine, halfway houses, and licensing regulations. Some top staff members are actively engaged both in the development of better laws for treating drug dependent persons and in the process of accreditation of psychiatric facilities throughout the country.

As a specific example of staff involvement in the community, one could point to Dr. Maurice Vanderpol, assistant professor of psychiatry, who has developed a broad community program of psychiatric consultation and training services to the Needham public schools, the

#### **Rehabilitation Center**





Concord public schools, Buckingham Lower School, and other agencies. It is expected that this preventative psychiatric intervention in the school system will provide a healthier climate for students and staff. Using an interdisciplinary approach to investigation, Dr. Vanderpol hopes to answer the question, "how does the school, teacher, system, family and/or community affect the normal maturation as well as the emotional problems of the child?"

Dr. Vanderpol has also helped develop hot lines for these two communities. Assisted by other McLean staff psychiatrists, residents, and interns connected with the hospital's psychology department, he provides both psychiatric service and in-service training and research for all levels of the school system.

Another McLean staff member, Dr. Alfredo Suescum, serves as a consultant to the hot line recently established to meet the various needs of the young population in Belmont.

The majority of the 200 psychiatric residents who have been graduated from the McLean program in the past several years have gone into some form of community service. Some have remained in Massachusetts. Dr. Matthew Dumont is the Assistant Commissioner for Drug Rehabilitation in the Massachusetts Department of Mental Health, Dr. Jerry Wacks is the director of the Community Mental Health Center in Concord. Others have moved farther afield. Dr. Anthony E. Elite became Mental Health Director for the Southwest American Indian tribes for the Indian Health Service. Dr. Daniel Birger became medical director of a community outpatient clinic in a socio-economically deprived area of the Bronx.

Looking at another aspect of staff-community work, the staff of Arlington School at McLean has had an impact upon the admissions offices of many colleges. They have opened the door of higher education to many former patients by personally visiting college admissions offices



**Children's Center**

and pointing to the records of our own school graduates. One of their most significant accomplishments has been to change the traditional attitudes of fear held by some school officials towards acceptance of a student labeled "a mental patient."

#### **VOLUNTEERS AND Auxiliary**

More than 10 years ago the hospital developed an active volunteer department that has doubled in size during this past year. Recently, more of these volunteers have been used as part of the clinical program in patient units. They make home visits, and work with families through the Outpatient Clinic.

The McLean Auxiliary, started in 1961, is made up of more than 500 women from surrounding communities who maintain an active year-long program of activities linking the hospital and the community. One of their major educational projects is annual sponsorship of a four-part seminar series. This year's subject is "Human Development — Adolescent and Adulthood."

#### **TEACHING**

Perhaps one of the vital links between McLean and the community has been in the area of education and training of professionals. No longer is McLean isolated on the hill with its own secluded community. Today, a daily influx of students from many professional disciplines form a bridge of understanding between the two.

Through its teaching programs McLean contributes to the pool of desperately needed mental health professionals; simultaneously the hospital is constantly rejuvenated by the fresh ideas and enthusiasm brought by its students.

For example, approximately 25 percent of Harvard Medical School students spend their clinical clerkship at McLean. Under the new Harvard Medical School curriculum, the students are also offered fourth-year elective courses at McLean. There are 25 residents in psychiatry in full-time training. During their three years, they receive solid experience in the evaluation and treat-

ment of the complete range of psychiatric illness. At the fourth and fifth year level, there is a training program in adolescent psychiatry, which, in addition to programs and facilities at McLean, utilizes affiliations with the MIT psychiatric service, local secondary schools, and correctional facilities of the Massachusetts Youth Service Board.

An objective at McLean is to develop a broader training program for psychiatric residents that will include rotation through all the institutions affiliated with the Community Mental Health Center, as well as the correctional institutions at Concord and Billerica. Not only will this be an important contribution to programs at such institutions, but it will also prepare better psychiatric residents for their role in society.

In another teaching effort, the psychology department, in conjunction with Beaverbrook Guidance Center, offers one year internships in psychology for five interns.

The social work department trains approximately 20 master students each year from Boston College, Boston University, Simmons College, and Smith College Schools of Social Work.

Student nurses from MGH, Peter Bent Brigham, and Simmons affiliate at McLean. A recently-developed affiliation with Boston University School of Nursing provides a training experience at McLean for baccalaureate candidates, masters degree students in psychiatric nursing, and a masters program in nursing administration. A master's program in psychiatric nursing will start this fall with the University of Massachusetts. A new program has recently developed with Northeastern University in which seniors in their last semester can take part in an elective program that provides an experience in psychiatric nursing at McLean.

Arlington School has both served and benefited from its extensive contacts with educators throughout the Commonwealth. The "Training Institutes for the Education and Comprehensive Care of Emotionally



Handicapped Children and Youth," a year-long program, funded by the State Department of Education, in its first six months, attracted more than 350 educators, social workers, administrators, clergy, doctors, and students from 85 Massachusetts communities.

#### RESEARCH

The clinical and teaching functions discussed in this paper have a clearly visible and immediate impact on the community. But certainly research rates equally high in importance even though its impact on the community may be less immediate.

McLean's program in this field dates back to the 19th century. Much of the recent work has been centralized in the research laboratory opened in 1945 under the direction of Dr. Jordi Folch-Pi, professor of neurochemistry at Harvard Medical School and Alfred Pope '41, professor of neuropathology. The laboratory's mission over the last quarter century has been the study of normal and abnormal brain structures and functions.

A research program in psychiatry and in the behavioral sciences was developed in 1955 under the leadership of Dr. Alfred Stanton, associate professor of psychiatry. The research laboratories of neurophysiology and neuropsychology were established under Dr. Howard Hermann, assistant professor of psychology, respectively. Until his recent retirement, Mark Altschule '32, assistant clinical professor of medicine, was

director of the laboratory of clinical physiology. An even further expansion of the scope of research at McLean is being planned.

#### A Look Back and Ahead

The role that McLean has played in the community has been determined by many factors; tradition, location, financing, extent of public support, clientele, and the professional orientation, leadership, and administration of the staff. For a century and a half, it seems the hospital took a rather narrow view of its mission toward the community, by no means an unusual phenomenon in a mental hospital, public or private. But McLean has changed and will continue to change.

The hospital will continue to devote part of its effort to the intensive psychiatric treatment of severely disturbed patients, and will serve as a protected environment for those patients who need to withdraw, albeit temporarily, from society.

But the recent changes in the hospital and society have convinced us that there is an additional role for McLean. No other psychiatric hospital combines the flexibility inherent in a private hospital with the resources of an excellent general hospital and a first rate medical school.

Even as we observe our 75th year in Belmont, intensified efforts are underway to assess the area's present and future needs for human services and to align the resources needed at McLean to fill those needs. Aiding in this work is a collaborative study with Dr. Gerald Caplan, professor of psychiatry, and Dr. Ralph Hirschowitz, Lecturer on Psychiatry, of the Harvard Laboratory of Community Psychiatry.

All these assets and society's needs compel us to seek new ways of providing quality care in the handling of human problems; to teach our experiences to new professionals and their associates; to add to the knowledge about mental health; and to apply this experience for the greater benefit of the larger community.



# THE WILLIAM O. MOSELEY, JR.

## TRAVELLING FELLOWSHIPS

THE BEQUEST OF JULIA M. MOSELEY MAKES AVAILABLE FELLOWSHIP FUNDS FOR GRADUATES  
OF THE HARVARD MEDICAL SCHOOL FOR POSTDOCTORAL STUDY IN EUROPE.

The Committee on Fellowships in the Medical School has voted that the amounts awarded for stipend and travelling expenses will be determined by the specific needs of the individual.

In considering candidates for the Moseley Travelling Fellowships, the Committee will give preference to those Harvard Medical School graduates who have—

1. **Already demonstrated their ability to make original contributions to knowledge.**
2. **Planned a program of study which in the Committee's opinion will contribute significantly to their development as teachers and scholars.**
3. **Clearly plan to devote themselves to careers in academic medicine and the medical sciences.**

*Individuals who have already attained Faculty rank at Harvard or elsewhere will not ordinarily be considered eligible for these awards.*

There is no specific due date for the receipt of applications or for the beginning date of Awards except that the Committee requests that applications not be submitted more than 18 months in advance of the requested beginning date. The Committee will meet once a year in January to review all applications on file. Applicants will be notified of the decision of the Committee by January 31. The Committee may request candidates to present themselves for personal interviews.

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*Application forms may be obtained from, and completed applications should be returned to:*

SECRETARY, COMMITTEE ON FELLOWSHIPS IN THE MEDICAL SCHOOL  
HARVARD MEDICAL SCHOOL  
25 SHATTUCK STREET, BOSTON, MASSACHUSETTS 02115

# AUSTRALIA REVISITED

by EDWIN F. CAVE '24 AND CARTER R. ROWE '33

IN April of 1970, we had the opportunity to return to Australia — this time for the Fifth Combined Meeting of the English-speaking Orthopaedic Associations. The sessions began in Auckland, New Zealand, and were followed by main meetings in Sydney and Melbourne. Later, we attended subsidiary meetings in Brisbane and Hong Kong on our route home.

Twenty-nine years ago, from June 4, 1942 to June 1, 1945, we had worked in the Southwest Pacific Area in Australia and in the Netherlands East Indies on the island of Biak. We were members of the staff of the 105th General Hospital, the "other half" of Harvard University's 5th General Hospital. We had been transported across the Pacific on the USS *West Point*, along with the 118th General Hospital from Johns Hopkins University and the 42nd General Hospital from the University of Maryland. The *West Point* also carried nine "station" hospitals, and those of us on board comprised nearly the entire medical personnel of the United States in the SWPA.

Following a two-week staging in Melbourne, in tents near the Victoria Zoo, we traveled by train for three days and three nights covering a distance of 1300 miles. Changing trains at each state border, because of differences in the gauge of railroad tracks, made our trip to Brisbane seem even longer. In June of 1942 we were assigned to the Queensland Agricultural College near Gatton where we established a base hospital to treat casualties from New Guinea and the islands of the Coral Sea.

On our return visit in 1970, we noticed many changes. Not only had the agricultural college been restored to normal, it was considerably enlarged. Where previously there had been about 200 students, there were now twice that number, 12 of

whom were female. Several new buildings marked the landscape. Research activities were extraordinarily extensive in animal husbandry and agriculture. The parade ground, where our officers, nurses, and enlisted men had drilled in platoon formation, has been converted into a fine athletic field, with an Olympic-size swimming pool and grandstand. Extensive planting and a new approach to the main quadrangle are also innovations.



**From 1942-44, the 105th General Hospital's orthopedic wards and surgical operating area were housed in Shelton Hall.**

However, enough traces of our former occupation remained, so that even after a long absence we felt "at home." The name of "Major Baker" (Myles P. Baker '28) remained over one door in the former "Officers' Quarters." The "Infirmary," while newly painted, has remained much the same as we knew it when it was the ward for wounded officers.

A plaque, commemorating the 105th General Hospital, presented by Eric R. Sanderson '37 in 1967 when he made a return visit, has been mounted in a huge block of stone on the entrance driveway — a reminder of the 105th's presence from 1942 to 1944.

Our brief visit to Toowoomba reminded us of our medical colleagues in the 1st Australian Military Hospital, which was then quartered in a girls' school. The town, situated on the edge of the "out-back," looks prosperous and pleasant. One of its new "enterprises" is

raising American peccans.

We also returned to our favorite town, Gatton, only four miles from our hospital site. During the war years, we visited Gatton frequently, largely because of "Bullwinkle's Pub," located in a corner of the local hotel. As we entered the "Pub," we were reminded of our celebration one evening in 1942, in honor of the birth of Captain Thomas Botsford's '35 son. One of our officers, after several "toasts," attempted to climb down an adjacent eucalyptus tree near the second floor veranda to the street below. His grip slipped, and he landed on the roadside with a severely fractured wrist. However, with immediate and proper care at the "105th," he recovered rapidly.

The highlight of our recent visit to Gatton was a luncheon in the new civic center. Because it was Anzac Day, we were greeted by about 100 veterans of all ages from World War I to Vietnam. It was a lively affair, and all seemed appreciative of what the American Army and the American hospitals, in particular, had done for Australia during World War II.

All who attended the Fifth Combined Meeting in Sydney in April 1970 were impressed with the superb organization of an excellent scientific program, and with the unmatched cordiality of the New Zealanders and Australians.

We returned, stimulated and greatly impressed with our visit "Down Under," as well as deeply grateful for the spontaneous hospitality given us in every country and center which we visited.

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Dr. Cave is an orthopedic surgeon at the Massachusetts General Hospital and a member of the Council of the Harvard Medical Alumni Association. Dr. Rowe is assistant clinical professor of orthopedic surgery at HMS. During the meetings in Australia, Dr. Rowe represented the American Orthopaedic Association as its president. Both Drs. Cave and Rowe received the Captain Cook Bicentenary medallion for service to Australia, awarded by the Lord Mayor of Sydney.



Henry Heyl was graduated from Harvard Medical School with the Class of 1933. He received his college degree from Hamilton College in 1928, where he played varsity hockey and began his education in international law; however, he changed to medicine and spent one year teaching English while completing the required physics and chemistry courses for medical school. His postgraduate training took him to Johns Hopkins; New Haven, where he met and worked with Harvey Cushing; and later back to Boston to the Lahey Clinic, The Children's Hospital and M.G.H. for his final neurosurgical training. Throughout his formal education, Henry always found time to lead the good life and pursue his varied interests. Music was exciting and he either joined or established group singing at the drop of a chord. He became an ardent fisherman, glider pilot and skier.

In 1939 Henry could see the handwriting on the wall and volunteered his services as a visiting neurosurgeon under the "American Hospital in Britain" program of the British Emergency Medical Service. In England he set up the first neurosurgical service at Queen Elizabeth Hospital in Birmingham, which served the critical needs of the Midland area. In January 1941 he returned to this country where he joined the Hitchcock Clinic in Hanover, New Hampshire. When the United States entered the war, he left Hanover and joined the Sixth General Hospital, the M.G.H. Unit, which trained in Florida and went on to Casablanca. It was during his service years that, for the first time, a health problem interrupted a full, productive medical career. Henry contracted tuberculosis and was returned to the States for the then prolonged bedrest and supportive therapy of that disease. By 1945 he was able to return to the Hitchcock Clinic and reestablish his neurosurgical service, bringing with him his delightful wife, Katharine (Agate), whom he had married in Denver while recuperating.

## PEN PORTRAIT

# HENRY L. HEYL '33

by JARRETT H. FOLLEY '38

The next five years found him with two fine sons and an active neurosurgical practice. He also established the first residency program at Mary Hitchcock Memorial Hospital. In 1951, for the second time, illness interrupted his medical career. A diagnosis of malignant lymphoma was made, and subsequent treatment and complications resulted in paraplegia.

Instead of ending a distinguished career in medicine, as it might have



**Dr. Heyl**

done to many, this catastrophic development only stimulated Henry to redirect his professional life within his capacity. In 1953 he became executive director of the Hitchcock Foundation, and for the next five years he was instrumental in expanding and supporting the earliest medical research programs in Hanover. It was during this period he became a "master of mobility" in the wheelchair and was able to travel to distant meetings, drive his specially designed car and fish his favorite salmon rivers.

In 1958 he joined the Dartmouth Medical School as associate dean in charge of finances and assisted Dr. Marsh Tenney in its reorganization and refinancing. He also developed and directed an interdisciplinary course on the nervous system that has attracted nationwide attention. He has continued to direct this course, ultimately as professor of anatomy.

In 1965 he became editor of the *Journal of Neurosurgery*. Henry gathered around him at Dartmouth an excellent staff, and under his direction the *Journal* has become the definitive international publication for this specialty. As computer technology grew, Henry spent several months at the National Library of Medicine collaborating with that institute in the creation of the Neurosurgical Biblio-Index. This quarterly "recurring bibliography" is an experiment in the selective retrieval of current references from the 2300 articles indexed each month in the computerized Index Medicus.

Henry has also been active in professional organizations. He is chairman of the NINDS Advisory Committee on Information Networks, and has just completed a term as vice president of the American Association of Neurological Surgeons. He is active in the American Academy of Neurosurgeons and Society of Neurological Surgeons. Since 1956 he has been project director for two N.I.H. grants designed to encourage summer research experience for college and medical school undergraduates. He has published fifteen scientific articles, and somehow or other, has found time to continue his own research on pituitary-adrenal relationships in salmon, most recently reprinted in *General and Comparative Endocrinology*.

Henry and his devoted wife, Kit, have made a wonderfully warm and livable home in their 175-year old Vermont farm. To watch Henry function independently in his home, farm and fishing boat is a sight to behold. At social gatherings there always seems to be a cluster of people around Henry, ensconced in his wheel chair.

He has earned the full admiration of all who have known him through the years, and he has given us an inspiring lesson in courage.

## Quo Vadis

Since the dawn of history, a new star in the firmament has always evoked speculation about what it may portend for the future. The accession of Derek Curtis Bok to the presidency of Harvard this month brings to mind the relations of previous presidents to the Medical School and to contemporary problems of health. The descriptions of President Eliot's monumental contribution in the April issue and the review in this issue of the medical role of the early presidents are informative. The timeliness of these historical perspectives is heightened by the absence of any published history of the Medical School since that of Harrington's at the turn of the century.

A strong medical current has run throughout Harvard's history. Of the first graduating class in 1642, three became physicians. Two of the presidents were physicians. The third president in 1672, Leonard Hoar, was a doctor and the fifth president in 1682, John Rogers, was also a physician.

President Willard in 1782 had been in office barely five months when he and the Fellows established medical professorships for a medical college. He had hoped to study medicine but had entered the ministry instead. The scientific and community orientation of these founders is impressive. President Willard had a profound interest in science and became the first corresponding secretary of the newly formed American Academy of Arts and Sciences. John Warren, the first professor of surgery, was a renowned leader in organizing the Massachusetts Medical Society in 1780.

The number of doctors in Massachusetts was small; at least a dozen sizable Massachusetts communities

had no physician. But the state of science in general, and of medical knowledge in particular, was of little benefit at the bedside. Initially, to receive a Bachelor of Physic degree, a student was only required to take two courses of four months each, supplemented with three years of apprenticeship to a practitioner, a dissertation in Latin or English, and a final examination. In the early 1800's, after the move to Boston, the Harvard Medical School was considered a *state* as well as a *private* enterprise and received sizable grants such as the \$20,000 for building and repairs. It was not until 1811 that the President and Fellows voted to approve the M.D. degree for all graduates.

The first half of the 19th century at the Harvard Medical School was marked by illustrious figures such as Oliver Wendell Holmes, Parkman Professor of Anatomy and Surgery; John Collins Warren, Hersey Professor of Anatomy and Surgery; John Barnard Jackson, professor of clinical medicine and curator of the Warren Museum; George Cheyne Shattuck, Hersey Professor of Theory and Practice of Physics; Jacob Bigelow, professor of surgery; and later his tempestuous and remarkable son, Henry J. Bigelow. The physical facilities of the School were beginning to expand at various sites in Boston. The Medical School lost close association with the University. Its insularity led to decline in general scholarly quality and to a loosening of its contacts with the broad educational and scientific advances outside its orbit. The Medical School was an island hardly sufficient unto itself.

The accession of President Eliot led to revolutionary changes. As Oliver Wendell Holmes noted, "Our new President, Eliot, has turned the

whole University over like a flap jack." All appointments and fundamental policies — educational and financial — now became subject to the approval of the President and Fellows. Clear evidence of President Eliot's determination to put the University's affairs in order was the Corporation's approval of his recommendation, only a month after his induction, on June 26, that a committee, with himself as chairman, be empowered to begin the task of a thorough-going revision of the statutes and laws of the University. The committee's report, approved on January 14, 1870, was the basis for Mr. Eliot's 40-years of far-reaching achievements in bringing the University in general, and the Medical School in particular, to first rank in the educational world. Thereafter, up to and including the present, the policies and attainments of the Medical School — its scientific, educational, clinical and community activities — have been the result of the interactions of the President and Fellows and the vision and implementation of the dean and medical faculty. Eminent deans of the Medical School during President Eliot's tenure included: Calvin Ellis, (1869-1883), Henry P. Bowditch (1883-1893), William L. Richardson (1893-1907), and Henry A. Christian, (1908-1912).

Over the years from 1909 to the present, President A. Lawrence Lowell and his successors have had the great advantage of being able to build upon a solidly developed medical center system and an advanced concept of medical education, research and medical service. Their achievements merit a separate review. As with President Eliot, their prior expertise was reflected in their presidential careers: A. Lawrence Lowell, professor of science and government; James Bryant Conant, professor of organic chemistry, noted for his research on chlorophyll and pioneer studies in physical-organic chemistry; and Nathan Marsh Pusey, historian, classicist and college president. Each has left his special mark on the evolution of Harvard Medical



School and on its hospital and community health relationships.

During this most recent post-Eliot "modern period" the Medical School, under the leadership of vigorous deans, has had considerable latitude in self-government, subject, however, to central university approval. The tenures of Deans Henry A. Christian (1908-1912), and Edward H. Bradford (1912-1918), witnessed consolidation of previous gains and substantial progress after the present marble buildings were dedicated in 1904 and occupied in 1906.

Dr. David Linn Edsall (1918-1935) sponsored, in addition to the long established clinical and teaching skills, a third activity — clinical research. He brought the problems of patients to the laboratory and the insight of science to the bedside. This was a natural outgrowth from his earlier pioneer studies in pharmacology, industrial medicine, and clinical research. He was a selfless and inspired educator.

During C. Sidney Burwell's tenure (1935-1949), the federal support of medical research burgeoned and was reflected in the greatly expanded investigations of basic sciences as well as in clinical disciplines at many affiliated hospitals.

During George Packer Berry's imaginative tenure (1949-1965), the school strengthened its scientific resources, extended its national influence in medical education and widened its participation in community activities through new and old hospital affiliations. Development of the basic science departments was emphasized. The endowment of the school almost quadrupled to 78 million dollars and the number of endowed full professorships increased from 23 to 51. The Francis A. Countway Library of Medicine, the nation's largest and most complete university affiliated medical library, was envisioned and created. President Conant stated that the appointment of Dean Berry was "the best job I ever did on the administrative side while President of Harvard." President Pusey com-

mented, "Rarely in all Harvard's history has a department of the University contributed so much to advance the cause it serves as has the Harvard Medical School during its fifteen years under Doctor Berry."

That brings us to the current scene with Dr. Ebert as our Dean and the accession of a new President, Derek Curtis Bok.

During the present tenure of Robert Higgins Ebert that began in 1965, improvement in methods of delivery of medical care has received particular emphasis. Programs emanating from the school itself and through the affiliated hospitals have been initiated. Dean Ebert has cautioned, however, that "without the products of continuing scientific inquiry there can be no new knowledge with which to improve the care of patients . . . We must be wary of emphasizing breadth of health resources at the expense of depth of knowledge." A new program to combine the strengths of Harvard University and Massachusetts Institute of Technology by uniting the physical, mathematical and engineering sciences more closely with medicine and health has been inaugurated. Twenty-five additional medical students have been enrolled. Important relationships between the medical school and the departments of government, economics and sociology have been initiated.

The in-coming President, Derek Curtis Bok, legal and labor relations authority and popular and effective Dean of Harvard Law School, is in a position to set an original pattern of his own at critical turning point in the world of medicine. The stage is set for significant changes with some form of impending national health legislation, the far-reaching impact of the report of the Carnegie Commission on Medical Education, and new approaches to university participation in delivery of good medical care for the population, locally set in motion by President Pusey, Dean Ebert and the faculty.

The glance backwards illuminates our present situation and suggests

avenues of future progress. The relationship of the medical school to the university and the relationship of both to the contemporary social and political pressures dispel any illusions of complete contemplative isolation. To preserve the past for the present and to transmit the augmented treasure of knowledge for future generations are the sovereign responsibilities. To educate physicians to carry out this responsibility whether in the laboratory, administratively, or at the bedside, continues to be the primary mission.

HERRMAN L. BLUMGART '21  
JEAN A. CURRAN '21

## LETTERS

### Compassion

To the Editor:

I have read the debate over abortion with some interest.

I think all of us know that highly emotional subjects, like this one, can hardly ever be argued dispassionately. One's attitude almost always is closely related to one's background and one's fundamental beliefs.

Since it is impossible for us to make people immortal, I suspect that our chief mission in this world is to be compassionate. I (and many others) believe that the performance of selective abortions is an act of compassion.

It will, of course, be argued that an abortion is hardly compassionate to the unborn child. We must accept this argument, for it is true. In defense, we can only say that there is hardly any act of mankind anywhere, no matter how well-intentioned, which does not have some unpleasant consequences for someone somewhere else.

BRUCE A. HARRIS, JR. '43A

# ALONG THE PERIMETER

## CENTER FOR HUMAN GENETICS

Recognizing that medical genetics has entered a period of rapid growth and development, Harvard Medical School has established a Center for Human Genetics. Henry I. Kohn '46 will serve as the Center's first director.

The thrust of the Center will be primarily medical and clinical. Genetics at the molecular biology level is fostered by HMS's department of microbiology and molecular genetics.

Responsibilities of the Center are three-fold:

- to promote teaching and research in the Medical School;

- to enhance patient care and community service through the School's associated teaching hospitals; and

- to facilitate programs among faculty members.

Additionally, the Center will be responsible for establishing effective liaison with such units as the Center for Population Studies of the Harvard School of Public Health, genetic programs of related interest in the Faculty of Arts and Sciences at Harvard and at MIT, and with the Laboratory of Human Reproduction and Reproductive Biology.

Dr. Kohn is the David Wesley Gaiser Professor of Radiation Biology at Harvard. A radiologist, biologist, and physiologist, he is interested in mutagenic rates and in a variety of agents, such as ionizing radiation and environmental chemicals, which cause mutations in man and animals.

As director of the Center, Dr. Kohn will work with a three-man executive committee: Daniel D. Federman '53, associate professor of medicine, associate dean of the Faculty of Medicine for continuing educa-

tion, and associate chief of medical services at Massachusetts General Hospital; Dr. Park S. Gerald, professor of pediatrics and chief of the clinical genetics service at Children's Hospital Medical Center; and John W. Littlefield '47, professor of pediatrics and chief of the genetics unit at MGH.

## DIRECTOR OF UHS

Warren E. C. Wacker, M.D., associate professor of medicine and physician at the Peter Bent Brigham Hospital, will succeed Dana L. Farnsworth '33 as director of the University Health Services and the Henry K. Oliver Professor of Hygiene on July 1.

As director of the University Health Services, Dr. Wacker will head a staff of some 300 doctors, nurses, and technicians who care for Harvard's 30,000 students, faculty members, and employees. The Henry K. Oliver Professorship, which Dr. Wacker will hold, was established in 1899 to provide "a regularly educated physician of marked ability and industry" to take an interest in the physical welfare of undergraduates.

Dr. Walker has been associated with the PBBH since 1953 when he joined the staff as an assistant resident; from 1961 to 1966 he was associate director of The Clinical Research Center of the hospital. He joined Harvard's Faculty of Medicine in 1955.

He is a Fellow of the American College of Physicians, and an honorary member of the Western Urological Association. His memberships include the American Society of Clinical Investigation, the American Society of Biological Chemistry, the Biochemical Society, and the Biophysical Society.

## WEISS ASSUMES ASSOCIATE DEANSHIP

Robert J. Weiss, M.D., associate director of Harvard's Center for Community Health and Medical Care, has been further appointed associate dean for the Health Care Programs in the faculty of medicine at Harvard.

Dr. Weiss will be working closely with Sidney S. Lee, M.D., associate dean for Hospital Programs, in coordinating the various health care delivery programs in which the Medical School and its affiliated teaching hospitals are involved.

Prior to his joining the Center for Community Health and Medical Care in September, 1970, Dr. Weiss was professor of psychiatry and chairman of the department at Dartmouth College; he was chief of psychiatry at the Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Mental Health Clinic.

Dr. Weiss is a Fellow of the American Psychiatric Association and a member of the New York Society for Clinical Psychiatry and the New York Academy of Science.

## THREE ALUMNI WIN MOSELEY FELLOWSHIPS

Three HMS alumni have been awarded Moseley Travelling Fellowships for 1971-72.

The Fellowships are awarded to those who have demonstrated their ability to make original contributions to knowledge; who have planned a program of study that will contribute significantly to their development as teachers and scholars; and who clearly plan to devote themselves to careers in academic medicine and the medical sciences.

The Fellows are:

Henry P. Godfrey '65 was awarded the Fellowship for a second year to continue his studies in the laboratory of Professor P. G. H. Gell at the University of Birmingham in the department of experimental pathology. During medical school, Dr. Godfrey researched antibody forma-



tion with Mahlon B. Hoagland '46, formerly of Harvard's department of bacteriology and immunology. Dr. Godfrey's long-range interests involve teaching, and conducting research on the host-parasite interactions at the immunologic level.

Joseph V. Hajek '65, who will study prosthetic joint replacement and internal fixation of bone, will divide his year of study between Mr. John Charnley's Centre for Hip Surgery at Wrightington near Wigan, England, and Dr. Maurice Müller's Association for the Study of the Problems of Internal Fixation in Berne, Switzerland. Since 1967, Dr. Hajek has been at The Hospital for Special Surgery, first as a resident and later as a fellow in orthopedic surgery. After his year of study, he plans to return to the hospital as a staff surgeon.

Dale Purves '64 will spend a year with Dr. R. Miledi in the department of biophysics at University College, London. Dr. Purves plans to study the mechanism of post-tetanic potentiation. His interest in neurobiology began at HMS in a course taught by Stephen W. Kuffler, M. D., Robert Winthrop Professor of Neurobiology. Following completion of his work with Dr. Miledi, Dr. Purves plans to continue investigating the relation of synaptic physiology and morphology to behavior, and to teach neurobiology.

## VA HONORS ALUMNUS William B. Castle

Three years ago, William B. Castle, '21 was named the first Distinguished Physician of the Veteran's Administration. This position was established to bring into the VA system physicians who have made significant contributions to medical science and have had exceptional and distinguished professional careers. Each Distinguished Physician serves on a VA-wide basis as consultant, lecturer, or in other teaching capacities, and thus provides scientific and educational leadership and motivation in medical teaching programs.

Dr. Castle, Francis Weld Peabody

Professor of Medicine Emeritus at HMS, is a recognized authority on the pathologic physiology of nutritional and hemolytic anemias. He was one of the principal contributors to the recent "Symposium on Vitamin B<sub>12</sub> and Folate," and his paper, "Current Concepts of Pernicious Anemia," appeared last year in the *American Journal of Medicine*.

As a representative of the VA for scientifically-based medical care and education, Dr. Castle has served as visiting professor in the department of medicine at Vanderbilt University, Columbia College of Physicians and Surgeons, the University of Toronto, and Cornell University Medical College. Most recently, while at the Professorial Medical Unit of St. Bartholomew's Medical

## PLAQUES IMMORTALIZE DISTINGUISHED PSYCHIATRIST

Two bronze plaques bearing the profile of Harvard professor emeritus Harry C. Solomon '14 now hang in the Francis A. Countway Library of Medicine and in the lobby of the Massachusetts Mental Health Center. The plaques were formally accepted by representatives of the two institutions in ceremonies in March.

Funds for the two plaques, cast by Boston artist Mrs. Bashka Paeff, were contributed by friends, colleagues, members of Dr. Solomon's family and the MMHC's Auxiliary, which he helped to found 15 years ago.

As a medical student, Dr. Solomon began his work with the MMHC when the hospital was first opened in 1912. After internship and residency there, he devoted much of his time to research and teaching in psychiatry.

From 1943 to 1958, Dr. Solomon served as medical director and superintendent of the MMHC, as well as professor of psychiatry at Harvard. He introduced psychology and sociology into the Medical School curriculum, and extended the number of required hours in psychiatry.

He helped transform the MMHC from a "sorting out" hospital, where most of the patients were sent to state institutions, into the present

School and Hospital in London, he received the honorary title of "Perpetual Student," previously awarded Harvey Cushing '95, J. Howard Means '11, and Fiorindo A. Simeone '34.

The success of Dr. Castle's Distinguished Physician position has led to two other such appointments; in 1969 Tinsley R. Harrison, editor of *Principles of Internal Medicine*, and in 1970 William S. Middleton, emeritus professor of medicine at University of Wisconsin Medical School.

It is through the talents and achievements of these Distinguished Physicians that the VA hopes to combine academic medicine with VA medicine in order to sustain high quality medical service for veterans.

therapeutic hospital from which only two to three percent of the patients are sent to state institutions.

As Commissioner of the Department of Mental Health from 1958 to 1967, he was instrumental in the development of mental health centers around the state. Today, at 81, he is editor of *Psychiatric Opinion*, director of education at the VA Hospital in Bedford, and consultant to a number of other VA hospitals.



The photograph at the right depicts the new architectural design for the Affiliated Hospital Center. The design facilitates mortgage financing and adapts to land use requirements in the Brigham Circle area. The Center, an \$81.5 million medical complex, which is a joint venture of the Boston Hospital for Women, the Peter Bent Brigham, and Robert Breck Brigham hospitals, will be located on Francis Street within 300 feet of Harvard Medical School.

Each hospital will house its own patients and research facilities. Major supporting services will be consolidated and utilized by all the hospitals.

The new facilities have been designed to improve the patient care potential of the three hospitals, each of which at present is housed in outmoded and inefficient buildings.



## PROMOTIONS AND APPOINTMENTS

### PROFESSOR

Jin H. Kinoshita: biochemical ophthalmology  
 Juan M. Taveras: radiology  
 Peter H. Wolff: psychiatry

### CLINICAL PROFESSOR

Harriet L. Hardy: occupational health in the department of preventive medicine  
 J. Gordon Scannell '40: surgery

### ASSOCIATE PROFESSOR

Karl E. Astrom: neuropathology  
 Bernard M. Babior: medicine  
 G. Octo Barnett '56: medicine  
 James A. Belli: radiation therapy  
 Daniel S. Bernstein: medicine at Peter Bent Brigham Hospital  
 Bradley E. Copeland: pathology at New England Deaconess Hospital  
 Frank F. Davidoff: medicine  
 H. Dariush Fahimi: pathology  
 Floyd H. Gilles: neuropathology at The Children's Hospital  
 Harvey Goldman: pathology  
 Anna-Marie Gron: orthodontics at Forsyth Dental Center

David W. Hamilton: anatomy  
 Edgar C. Henshaw '56: medicine  
 William B. Hood, Jr. '58: medicine  
 Homayoun Kazemi: medicine  
 Bernard Kliman '55: medicine at Massachusetts General Hospital  
 Laure M. Lebre: orthodontics at FDC  
 Mortimer Litt: microbiology and molecular genetics at Boston City Hospital  
 Chaim I. Mayman: neurology at Beth Israel Hospital  
 Eugene Morkin, Jr.: medicine  
 Benjamin J. Murawski: psychology in the department of psychiatry at PBBH  
 Donald E. Oken: medicine  
 Robert L. Perlman: physiology  
 Mitchell T. Rabkin '55: medicine at BIH  
 Dwight R. Robinson: medicine  
 Leon D. Sabath '56: medicine  
 Arthur A. Sasahara: medicine at West Roxbury Veterans Administration Hospital  
 Peter B. Schneider '59: medicine  
 Geoffrey W. G. Sharp: physiology in the department of medicine  
 Harvey M. Shein '61: psychiatry  
 Louis M. Sherwood: medicine  
 Chiu-Chen Wang: radiation therapy at MGH  
 Merrill K. Wolf: neuropathology  
 Nicholas T. Zervas: neurosurgery at BIH



## ASSOCIATE CLINICAL PROFESSOR

H. Thomas Ballantine, Jr.: surgery  
Robert F. Bradley: medicine  
Bradford Cannon '33: surgery  
Harold W. Demone, Jr.: social welfare in the department of psychiatry  
Daniel S. Ellis '39: medicine  
Anne P. Forbes: medicine  
Allan L. Friedlich '43A: medicine  
Hermes C. Grillo '47: surgery  
Henry U. Grunebaum '52: psychiatry  
W. Hardy Hendren, 3d '52: surgery  
Raymond N. Kjellberg: surgery  
Rita M. Kelley: medicine  
George S. Kurland '43B: medicine  
John W. Raker '41: surgery  
Edwin O. Wheeler: medicine

## ASSISTANT PROFESSOR

Neil Abramson: medicine  
Morris S. Albert: pediatrics at TCH  
Elliot Alpert: medicine  
Marios C. Balodimos: medicine at PBBH  
James E. Barrett, Jr. '59: psychiatry at MGH  
Harry Bass: medicine  
Michael J. Bresnan: neurology at TCH  
Thomas K. Burnap: anesthesia at Boston Hospital for Women  
Verne S. Caviness, Jr. '62: neurology  
Robert G. Dluhy '62: medicine at PBBH  
Frank H. Duffy '63: neurology  
Robert A. Greenes '66: medicine  
C. Thomas Griffiths: obstetrics and gynecology at BHW  
Jerome H. Grossman: medicine  
Bennett S. Gurian: psychiatry at Massachusetts Mental Health Center  
Martin S. Hirsch: medicine  
Axel Hoffer '61: psychiatry at MMHC  
Gary L. Huber: medicine  
Norman Jaffe: pediatrics at TCH  
Edvardas Kaminskas: medicine  
Henry T. Keutmann '63: medicine  
Lester A. Klein: surgery  
Robert H. Knopp: medicine  
David P. Lauler: medicine at PBBH  
Merle A. Legg: pathology at NEDH  
James R. Lehrich '62: neurology  
Robert C. Leinbach '61: medicine  
Lee B. Macht '61: psychiatry at Cambridge Hospital  
Daniel F. Malamud: pathology in the department of surgery  
Steven W. Matthysse: psychobiology in the department of psychiatry  
Antone A. Medeiros: medicine at PBBH  
Hubert S. Mickel '62: neurology

Elliott V. Miller '58: anesthesia at MGH  
Israel Mirsky: mathematical biology in the department of medicine  
Robert C. Moellering, Jr. '62: medicine  
Ashby C. Moncure: surgery at MGH  
Robert M. Neer: medicine  
Joseph C. Parker, Jr.: pathology at NEDH  
William J. Powell, Jr.: medicine  
Donald L. Price: neuropathology  
George S. Richardson '46: surgery at MGH  
Randi V. Rosvoll: pathology at NEDH  
Thomas W. Smith '65: medicine  
Philip J. Snodgrass '53: medicine at PBBH  
Daniel J. Stechschulte: medicine  
Ronald M. Weintraub '61: surgery  
Robert H. Wilkinson: radiology at TCH  
George F. Zinninger: radiation therapy at MGH

## ASSISTANT CLINICAL PROFESSOR

Myron Allukian, Jr.: ecological dentistry  
Benjamin A. Barnes: surgery  
David Blau: psychiatry  
Max J. Bulian: obstetrics and gynecology  
Robert W. Carey '59: medicine  
Franklin Carter '41: psychiatry  
Joel L. Dunskey: endodontics  
Robert D. Griesemer '43 A: dermatology  
Joseph S. Gryboski: medicine  
Allan Kliman '58: medicine  
George P. Kozak: medicine  
Chester S. Kupperman: prosthetic dentistry  
Maria Lorenz: psychiatry  
Richmond Prescott: medicine  
Donald H. Russell: psychiatry  
Guillermo C. Sanchez '49: medicine  
Albert L. Sheffer: medicine  
Julian G. Snyder: medicine  
Ralph B. Sozio: prosthetic dentistry  
William E. Strole, Jr.: medicine  
George P. Sturgis '31: medicine  
Chiu-An Wang '43B: surgery  
Jerome L. Weinberger: psychiatry  
Conger Williams: medicine  
Martin J. Wohl: medicine  
Francis M. Woods: surgery

## PRINCIPAL ASSOCIATE

Ray E. Gleason: medicine (mathematical biology)  
Murray V. King: medicine (biochemistry)  
Bernard J. Ransil: medicine

## PRINCIPAL RESEARCH ASSOCIATE

Jean B. Gleason: psychiatry (psychology)

## LECTURER

Carolyn Cohen: biophysics

# internship list

It begins here . . .

In general, all internships and residencies start July 1, 1971 for one year.

<i>Name</i>	<i>Hospital (and location)</i>	<i>Service</i>
Abbott, A. Travis	Children's Orthopedic Hospital, Seattle	Pediatrics
Ablett, Charles T.	University of Michigan Affiliated Hospitals, Ann Arbor	Medicine
Adams, William P.	Massachusetts General Hospital	Surgery
Alexander, Judith L.	Denver General Hospital, Denver	Rotating
Allen, Robert P.	Los Angeles County Harbor General Hospital, Torrance	Medicine
Bahr, Robert L.	Mount Sinai Hospital, New York	Medicine
Baker, John T.	Duke University Medical Center, Durham, North Carolina	Medicine
Baker, Robert A.	Cleveland Metropolitan General Hospital	Medicine
Banks, Peter M.	North Carolina Memorial Hospital, Chapel Hill	Medicine
Bast, Robert C., Jr.	Johns Hopkins Hospital, Baltimore	Medicine
Bear, David M.	Research, Department of Neurology, Boston City Hospital	
Beart, Robert W., Jr.	University of Colorado Affiliated Hospitals, Denver	Surgery
Berson, Frank G.	Beth Israel Hospital, Boston	Surgery
Binder, Andrew S.	University of Washington Affiliated Hospitals, Seattle	Medicine
Boey, John H.	University of California Hospitals, San Francisco	Surgery
Boger, William P., 3d	University of Virginia Hospital, Charlottesville	Rotating
Bothe, Albert E., Jr.	Boston City Hospital (Harvard Service)	Surgery
Bough, Edward W.	Massachusetts General Hospital	Medicine
Brown, David R.	Duke University Medical Center	Pediatrics
Brown, Herbert N.	The Cambridge Hospital, Cambridge	Rotating
Burch, John W.	Barnes Hospital, St. Louis	Medicine
Burke, Donald S.	Boston City Hospital (Harvard Service),	Medicine
Carmel, Richard J.	University Hospital of San Diego County	Medicine
Cassimatis, Emmanuel G.	Yale-New Haven Medical Center	Pediatrics
Chapman, Robert S.	Pending	
Charlton, Valerie E.	Children's Hospital Medical Center, Boston	Pediatrics
Chase, J. Samuel	Mount Zion Hospital, San Francisco	Medicine
Christiansen, John M.	University of Utah Affiliated Hospitals, Salt Lake City	Medicine
Citron, John M. T.	Kaiser Foundation Hospital, San Francisco	Rotating
Clark, William M.	University of Colorado Affiliated Hospitals	Surgery
Clarke, L. John	University of Washington Affiliated Hospitals	Medicine
Compeau, Phillip E. G.	Buffalo General-E.J. Meyer Memorial Hospitals	Medicine
Compton, William R.	University of Utah Affiliated Hospitals	Medicine
Cooper, Gale S.	Postdoctoral Research, Boston	
Cooperman, Oliver B.	Herrick Memorial Hospital, Berkeley, California	Rotating



Crofoot, David D.	Mary Hitchcock Memorial Hospital, Hanover, New Hampshire	Medicine
Curd, John G.	Massachusetts General Hospital	Medicine
Dardick, Kenneth R.	The Cambridge Hospital	Rotating
Dean, Peter B.	Albany Medical Center	Medicine
Donaldson, Magruder C.	Massachusetts General Hospital	Surgery
Duffy, David L.	Montefiore Hospital, New York	Medicine
Echeverria, Peter D.	Yale-New Haven Medical Center	Pediatrics
Eron, Lawrence J.	Massachusetts General Hospital	Medicine
Feldman, George B.	Peter Bent Brigham Hospital	Surgery
Fernbach, Barry R.	Mount Sinai Hospital	Medicine
Finberg, Harris J.	Jewish Hospital of St. Louis	Medicine
Finke, John C.	University Hospitals of Cleveland	Medicine
Fishman, Robert S.	Mount Sinai Hospital	Medicine
Fossum, Jane E.	University Hospitals of Cleveland	Pediatrics
Freedberg, Leonard E.	Duke University Medical Center	Pediatrics
Frisch, Lawrence E.	University of Texas Teaching Hospitals, San Antonio	Medicine
Fuller, Arlan F., Jr.	Massachusetts General Hospital	Surgery
Gilcrest, Barbara A. D.	Boston City Hospital (Harvard Service)	Medicine
Gittinger, John W., Jr.	Barnes Hospital	Medicine
Glass, Allan R.	Mount Sinai Hospital	Medicine
Goldman, Mark R.	Massachusetts General Hospital	Medicine
Goodfellow, Robin I.	Peter Bent Brigham Hospital	Surgery
Goodson, William H., 3d	St. Louis Children's Hospital	Pediatrics
Goodwin, James S.	Los Angeles County Harbor General Hospital	Rotating
Goodwin, Jean M.	Pending	
Goss, Thomas P.	Roosevelt Hospital, New York	Surgery
Gould, Robert M.	University Hospitals of Cleveland	Medicine
Graze, Peter R.	Massachusetts General Hospital	Medicine
Greenberger, Joel S.	Boston City Hospital (Harvard Service)	Medicine
Guyton, Robert A.	Massachusetts General Hospital	Surgery
Hamilton, John D.	Presbyterian-St. Luke's Hospital, Chicago	Medicine
Hashimoto, Frederick	Mount Zion Hospital	Medicine



... And ends here.  
**Bob Beart**, president of the class of '71, is obviously delighted at the prospect of going to Denver.

Haynes, Ormond L., Jr.	Massachusetts General Hospital	Medicine
Hickman, Janet K. G.	Duke University Medical Center	Medicine
Hickman, Robert E.	Duke University Medical Center	Medicine
Hodes, Richard J.	Massachusetts General Hospital	Medicine
Horio, David T.	Presbyterian-St. Luke's Hospital	Medicine
Hughes, John B.	New York Hospital-Memorial Hospital, New York	Medicine
Janicki, Paul C.	University Hospitals of Cleveland	Surgery
Jones, Frederick L.	University of Michigan Affiliated Hospitals	Surgery
Jones, G. Thomas	University Hospitals of Cleveland	Medicine
Kark, Elizabeth C.	Cleveland Metropolitan General Hospital	Pediatrics
Karpinski, Richard H. S.	Boston City Hospital (Harvard Service)	Surgery
Kellogg, Roger B.	Roosevelt Hospital	Medicine
Kempff, Raymond A.	Cleveland Metropolitan General Hospital	Medicine
Kenny, Peter C., 3d	Cleveland Metropolitan General Hospital	Medicine
Kern, David E.	Presbyterian-St. Luke's Hospital	Medicine
Kettyle, Cynthia N.	North Carolina Memorial Hospital	Psychiatry
Kettyle, William M.	Duke University Medical Center	Medicine
Kissel, John H.	Barnes Hospital	Medicine
Klein, Robert S.	Mount Sinai Hospital	Medicine
Kolff, Cornelis A.	Children's Orthopedic Hospital	Pediatrics
Landis, Dennis M. D.	University Hospital of San Diego County	Medicine
Lease, John R.	University of Michigan Affiliated Hospitals	Surgery
Lebwohl, David J.	Peter Bent Brigham Hospital	Medicine
Lewis, Collins E.	Jewish Hospital of St. Louis	Medicine
Lieff, Jonathan D.	Pending	Medicine
Lindsey, Harold E., Jr.	Peter Bent Brigham Hospital	Surgery
London, C. David	Beth Israel Hospital	Rotating
Lowe, David A.	Rhode Island Hospital, Providence	Surgery
Lytle, Bruce W.	Massachusetts General Hospital	Surgery
MacCarty, William C., 3d	Mayo Graduate School of Medicine, Rochester, Minnesota	Pathology
Mantos, John J.	University of California Hospitals, San Francisco	Pediatrics
Martel, Larry	Children's Hospital Medical Center	Medicine
McDonald, Eugene J., Jr.	University Hospitals of Cleveland	Medicine
Mickley, Steven P.	Barnes Hospital	Medicine
Milford, Edgar L., Jr.	Harlem Hospital, New York	Pediatrics
Murray, Alexandra J.	Bronx Municipal Hospital Center, New York	Medicine
Nattie, Eugene E.	Peter Bent Brigham Hospital	Medicine
Naylor, Robert E.	University Hospital of San Diego County	Medicine
Nelson, John C.	Mount Sinai Hospital	Medicine
Neumann, Kurt H.	San Francisco General Hospital	Rotating
Newman, Georgia L.	The Cambridge Hospital	Medicine
Nierenberg, Michael A.	Peter Bent Brigham Hospital	Rotating
Olson, Lance E.	Los Angeles County Harbor General Hospital	Medicine
Orme, James F., Jr.	Peter Bent Brigham Hospital	Medicine
Oster, Henry A.	St. Francis Hospital, Wichita, Kansas	Medicine
Partnow, Jeffrey A.	Boston City Hospital (Harvard Service)	Rotating
Patricelli, Peter M.	Rhode Island Hospital	Surgery
Pease, Francis B., Jr.	Massachusetts General Hospital	Rotating
Pohl, Richard L.	Cedars-Sinai Medical Center, Los Angeles	Rotating
Reider, Horace O.	Medical Center Hospital of Vermont, Burlington	Medicine
Rigberg, Corey N.	North Shore Hospital-Memorial Hospital, New York	Surgery
Ring, W. Steves	Duke University Medical Center	Medicine
Rosenbaum, Richard B.	Stanford University Affiliated Hospitals	Medicine
Rosenblatt, Roger A.	University of Washington Affiliated Hospitals	Medicine
Ruskin, Jeremy N.	Beth Israel Hospital	Medicine
Schnitzer, Thomas J.	Johns Hopkins Hospital	Medicine
Schwartz, Joel H.	Beth Israel Hospital	Medicine
Seinsheimer, Frank, 3d	Peter Bent Brigham Hospital	Surgery





